

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2469

Registration District No. 290

Primary Registration District No. 54087174

Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Senath
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME

John Pace

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 10 - 1874

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

67

0

30

hr.

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name John Knowlton - Pace

13. Birthplace " " " "

(City, town, or county)

(State or foreign country)

14. Maiden name " " " "

15. Birthplace " " " "

(City, town, or county)

(State or foreign country)

16. (a) Informant Miss Marie Pace

(b) Address Leachville, Ark

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 1-31-41

(Month)

(Day)

(Year)

(c) Place: burial or cremation Senath, Mo.

18. (a) Signature of funeral director M. Daniel Daniel

(b) Address Senath, Mo.

19. (a) Feb. 4 - 1940

(Date received local registrar)

(b) M. Daniel Daniel

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Senath
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Jan. day 30
year 1941 hour _____ minute 8:00 A.M.

21. I hereby certify that I attended the deceased from 1-30, 1941, to _____, 19____;

that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death

acute myocarditis

Duration

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(City or town)

(County)

(State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? 263

(Specify type of place)

(e) Means of injury cow

23. Signature Paul L. Daniel

(M.D. or other)

Address Senath, Mo.

Date signed 1-30-41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

H. P. Groch

Registered Apprentice No.

working under my personal supervision.

Signed

H. P. Groch

Licensed Embalmer No.

#104

P. O. Address

Smith, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.